



Larkin University

REQUEST to CHANGE NAME

Current Information:

First and Last Name: _____

Email Address: _____

ID Number: _____

Please change my name to:

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name/Initial: _____

For a Legal Name Change, please attach one of the following:

___ Social Security card (SSN)

___ Government issued visa

___ Passport

Student Signature

Date

FOR REGISTRAR'S OFFICE USE:

Registrar

Date Received

Date Processed

CC: Director of IT

Registrar's Office
18301 N. Miami Avenue | Office: 2308 | Miami | Florida | 33169
Ph. 305.760.7514 | Fax 305.760.7450 | dgivens@ularkin.org